

Health Department, City of Baltimore.

Permit No.

1750

Office of Registrar of Vital Statistics.

Ward

1st 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Haase

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

15 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

Cause of Death,

{ First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

1757

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathan Baswell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Hod Carrier

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } 1127 Goodman Alley

Cause of Death, { First (Primary), Heart Disease
Second (Immediate), Syncope }

Duration of Last Sickness, 1 and a 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Company

Date of Burial, July 27 1887

{ Undertaker, Hercules Ross }

F. J. Flannery

M. D.

Medical Attendant.

{ Place of Business, 404 Broadway }

Address, 170 Dr. Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A. 1752 Office of Registrar of Vital Statistics.

Ward 3d

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CERTIFICATE OF DEATH.

Date of Death,

July 26. th 1887
Mattie Amos

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 32. Years, 11. Months, 19 Days.

Color, White

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Cincinnati Ohio

Duration of Residence in the City of Baltimore,

4. Years

Place of Death, { Give Street and Number. }

238. South Caroline St

Cause of Death, { First (Primary),
Second (Immediate), }

Bright's Disease

Duration of Last Sickness,

one Year

All the above information should be furnished by the Physician.

Place of Burial, St Carmel Com

Date of Burial, July 27. th 1887

James A. Stearns M. D.

Undertaker, Frederick Grede

Place of Business, S Caroline St Address, Com of H & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John C. De Loey Inspector [OVER.]

Health Department, City of Baltimore.

Permit No.

1753

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death,

July 26/87

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary A. Beissler

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

17

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

309 5 Washington St.

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

July 27th 87

Undertaker,

G. B. Bane

J. H. Hollenberg

M. D.

Medical Attendant.

Place of Business,

Bank & Wolf St. Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No.

1734

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 26th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Augustus Conyer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

Months,

9

Days.

Color,

Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

209 Parish Alley

Cause of Death,

{ First (Primary), }

Pharyngitis & tonsillitis

{ Second (Immediate), }

Sepsis

Duration of Last Sickness,

four days

All the above information should be furnished by the Physician

Place of Burial,

New Cathedral

Date of Burial,

July 27th 1887

Undertaker,

Samuel W. Chase

William B. Confield M. D.

Medical Attendant.

Place of Business,

A. Howard

Address,

University Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Being a dispensary can not be seen it for several days before it died,

[OVER.]

Health Department, City of Baltimore.

Permit No. 1755 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Kelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, — Months, — Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 1044 S. Charles

Cause of Death, { First (Primary), Second (Immediate), } Chronic Drunkenness

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Rose Cemetery

Date of Burial, July 28th 1887

Undertaker, Daniel Flynn

Edw L. Micholam M. D.

Medical Attendant.

Place of Business, 42 E West St Address, 707 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1756 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within Twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 27 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth G. Fowler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 62 Years, 7 Months, 11 Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dist Columbia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 1513 Mulberry St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 29th July 1887

{ Undertaker, H. G. Fink } John Self M. D. Medical Attendant.

{ Place of Business, Broadway } Address, 70 N. Moulton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1757 Office of Registrar of Vital Statistics. Ward 11

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CERTIFICATE OF DEATH.

Date of Death, 26th July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Hildegunde Sehn.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Fourteen (14) Years, Months, Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, School girl.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 12 W Reed Street, Baltimore Md.

Cause of Death, { First (Primary), Second (Immediate). } Typhoid fever.
Collapsed from being overcome by heat.

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 29th 1887

Undertaker, H. W. Jenkins & Sons

Place of Business, 201 W. Pratt St.

W. C. Van Bibber M. D.
Medical Attendant.

Address,

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1758 Office of Registrar of Vital Statistics.

Ward 12th

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CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, William Delanty

Sex, Male or Female, Male

Age, 64 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Ex Captain of Police, Balto. Md.

Birth Place, Life

Duration of Residence in the City of Baltimore, Life

Place of Death, 1900 McCulloch St.

Cause of Death, Cerebral Softening, Inflammatory

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, 29th July 1887

Undertaker, Wm. J. Delanty & Sons

Place of Business, Park & Saratoga

R. J. N. Tall M. D.

Medical Attendant.

Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 1759 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, July 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Klaskanin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 1033 York

Cause of Death, { First (Primary), Second (Immediate), } Premature Birth
Inanition

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 28, 1887

{ Undertaker, Bernhard Harle } O. A. Cooke M. D. Medical Attendant.

{ Place of Business, 115 West St } Address, 1024 Fort an

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[OVER.]